

STATEMENT FOR RECIPIENTS OF  
PURCHASE CARD CHECK ISSUED  
FOR A PROFESSIONAL SERVICE ORDER

(In Lieu of IRS Form 1099-Misc)

Recipient's Name :  
Address :  
City/State/Zip Code :

SSN :  
Check No. :

This is to acknowledge that the following service has been performed for NIH as follows:

Description of Service:

Date(s) of Service:

Compensation:

(1) Honorarium or Fee for Service:

(NTE \$200/day-unless advanced approval has been granted in accordance  
with 1130 NIH Delegations of Authority, Acquisition No. 5)

(2) Per Diem:

(Daily Rate)

(3) Transportation:

TOTAL:

The Internal Revenue Service (IRS) requires the reporting of payment for Honorarium or Fee for Service identified as (1) above. For your information, the per diem (2) and transportation costs (3) have been annotated but are non-reportable to the IRS.

Please note that this method of compensation is used for limited, non-recurring purposes. If it is anticipated that further services will be provided to any component of NIH, then you must complete the ACH Vendor/Miscellaneous Payment Enrollment Form (SF-3881) since Federal regulations require that payments be made electronically through Electronic Funds Transfer. The form and instruction are available from me upon request.

If you have any questions regarding this information, please contact me at